PTO/SB/08 (12-04)

OR

ADD'L FEE

Approved for use through 7/31/2008, OMB 0651-0002
U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Papework Reduction Act of 1995, no persons are required to respond to a collection of information unique it displays a valid CI PODON Number PATENT APPLICATION FEE DETERMINATION RECORD 00 Substitute for Form PTO-875" OTHER THAN APPLICATION AS FILED - PART I SMALL ENTITY OR. SMALL ENTITY (Column 2) (Column 1) MUMBER FATRA RATE (S) FEE (5) RATE (5) FEE (III) FOR M MARER SILED BASIC FEE SEARCY FEE (37 CFF) LIGHT (D. OF (AL)) EXAMINATION FEE (37 CFR 1,18(0), (SP) OF (SP) TOTAL CLAIMS (37 CFR 1.16(8) . × رئ ساخ NDEPENDENT CLAIMS . . minus 3 = (57 CFR 1.16(N)) If the specification and drawings exceed 100 sheets of paper, the application size fee due APPLICATION SIZE is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See (37 CFR 1.10(s)) 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(2)) trance in column 1 is less than zero, enter "O" in column 2. TOTAL TOTAL **APPLICATION AS AMENDED - PART II** OTHER THAN 16 5 D OR (Column 1) (Cotumn 21 · (Cotomo 3) **BMALL ENTITY** SMALL ENTITY CLAMS HIGHEST PRESENT ADOI-TIONAL RATE (5) REMANING NUMBER RATE (B) ACCIL AFTER PREVIOUSLY TIONAL ENDMENT PAID FOR FEE (A) FEE (B) Total gr cm 1.14g Ω CR MENDA Minus independent OF CFR 1.1400 Application Size Fee (37 OFR 1.16(a)) FRET PRESENTATION OF MULTIPLE DEPENDENT CLAME (17 CPR L18(1)) OR 928-06 ADOL FEE TOTAL RCC OR ADD'L FEE (Column 1) X (Column 2) (Coturns 3) CLAMS HIGHEST REMAINING NUMBER DESCRIPT RATE (5) ADDI-TIONAL RATE (S) ADD1-TIONAL ø EXTRA AFTER **PREVIOUSLY** PAID FOR FEE (B) EE (B) ENDMENT Total gr cFR (.10g) OR AMENDA independent OR Application Size Fee (37 CFR 1,15(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAM (87 CFR 1.14(b) OR TOTAL TOTAL

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"If the entry in column 1 is less than the entry in column 2, write "U" in column 2,

"If the "Highest Number Previously Paid For" IN THIS SPACE is tess than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is tess than 3, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is tess than 3, enter "20".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 35 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to the USPTO. The process) an application, Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete this including gathering, preparing, and administry the complete days reagrees to the USPTO. There was very departable upon the included case. Any comments on the ensure of the your require to complete this form ender suggestions for reducing this burden, should be sent to the Clief information officer, U.S. Petert and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.